Arizona Landlord Incentive Program (ALIPS) Program Fund Request

| <u>A - Owner Information</u> | B - Tenant Information | | | | |
|--|------------------------|------------|------------------------|-------------------------|----|
| Landlord/Owner Name | Tenant's Name | | | | |
| Mailing Address | Property Address | | | | |
| CityStateZip | City | State | | Zip | |
| Contact Number | Move Out Date | | | | |
| | Move Out Reason | | | | |
| <u>C</u> - Treatment | of Security Deposi | i <u>t</u> | | | |
| 1. Unpaid Rent - Enter amount unpaid by tenant | \$ | - | | | |
| Note: include tenant rent statement | | | | | |
| 2. Damages - Enter damage cost charged to tenant | \$ | - | | | |
| Note: Include pictures and receipts for repairs | | | | | |
| 3. Cleaning Costs - Enter cost of property cleaning | \$ | - | | | |
| Note: Include copy of cleaning receipts | | | | | |
| 4. Legal Costs - Enter amount to be charged to tenant | \$ | - | | | |
| Note: Provide invoice from legal firm | | | | | |
| 5. Lease Cancellation Penalty - Enter amount to be charged to ten | ant \$ | - | | | |
| Note: Provide copy of lease showing penalty provision | | | | | |
| 6. Other Charges | \$ | - | | | |
| Note: provide additional detail to document costs | | | | | |
| 7. Total Costs - add items 1 to 7 | \$ | - | | | |
| 8. Security Deposit - Enter amount held by landlord/owner | \$ | - | | | |
| 9. Amount Owed or Refund Due - subtract line 7 from 8 | \$ | - | | | |
| If refund due, connect directly with Tenant | | | | | |
| If amount owed to owner, complete Section D | | | | | |
| D. Damage Claim | | Sub | ising sidy roval | Admir trate Appro | or |
| 1. Total of all Charges (from line 7 above) | \$ | - | | | |
| 2. One month's contract rent (must match lease provided for line 5 |) \$ | | | | |
| 3. Enter lessor of line 1 or 2 above | \$ | - | | | |
| 4. Security deposit held by Owner | \$ | - | | | |
| 5. Subtract line 4 from line 3 above = Maximum Damage Claim | \$ | | | | |
| Note: review and complete page 2 as necessary | | | | | |

Arizona Landlord Incentive Program (ALIPS) Program Fund Request

| <u>E - Vacancy Loss Claim</u> | | |
|---|------------------------------------|-------------------|
| One of the following conditions must exist for a Vacancy Claim - please check the appropriate box: | | |
| - Tenant moved without cause <u>during the term</u> of the lease without mutual agreement or early notic | e per lease | |
| - Tenant moved at <u>end of lease term</u> without providing required end of term notice | | |
| - Owner evicted Tenant through court action and has complied with all housing law provisions | | |
| Landlord must submit verification that an earnest attempt has been made to re-lease the unit (newspaper ad, o | online posting, e Owner Data | Aumin Approval |
| 1. Enter the date the tenant moved out or the date the unit was discovered vacant | | |
| (whichever date was known first) | • | |
| 2. Enter the date of the last payment received by Owner in support of tenant | | |
| 3. Enter the effective date of the lease for a new tenant after completing a re-rental process | | |
| 4. Enter the number of days the unit was vacant during the month following | | |
| the last month that payment was received in support of the tenant | | |
| Note: do not count days in any month in which you received a rental payment | | |
| 5. Vacancy Loss Calculation | \$ - | |
| Note: Contract Rent (Sec D-2) / 30 days * line 4 above * 80%) | | |
| 6. Rent Received from Tenant (if any), for the period in line 4 | | |
| 7. Amount cliamed for vacancy loss (line 5 - line 6) | \$ - | |
| F - Owner Certification | | |
| | Yes | No |
| Have you complied with the AZ Residential Landlord and Tenant Act regarding security deposits? | | |
| Did you contact the involved Housing Subsidy Provider upon discovering the vacancy? | | |
| Was an inspection completed by the Housing Subsidy Provider? | | |
| Did you itemize and bill the tenant for damages incurred exceeding their security deposit? (include copy) | | |
| Have you included all invoices/receipts for claims and ensured they match this worksheet? | | |
| I hereby certify that the foregoing information is true and accurate to the best of my knowledge, and that all clair have not been previously paid. I agree and understand that inquires may be made to verify the statements and | - | |
| Signature of Owner or Agent | | |
| Date Signed | | |

Note to Owner: Please make sure all required documentation is enclosed to allow for efficient processing of this claim.